



**Association for  
Utah Community Health**  
Supporting Health Care for the Underserved

Patricia A. Maryland, DrPH, Chair  
Citizens' Health Care Working Group  
7201 Wisconsin Avenue  
Suite 575  
Bethesda, MD 20814

Dear Dr. Maryland,

Thank you for the opportunity to provide comment on the *Interim Recommendations of the Citizens' Health Care Working Group* document. The opportunity to submit public comment provides some reassurance that the contributions of citizens, community organizations, and CHCWG Community Meeting Participants are considered during upcoming policy determination processes.

The Association for Utah Community Health (AUCH) is the Primary Care Association for the state of Utah. AUCH is a nonprofit membership association composed of community, migrant and homeless health centers, family planning organizations, and Native American/American Indian urban care providers in the State of Utah. The mission of AUCH is to support and represent its member organizations and work to increase access to health care for medically underserved populations in Utah. AUCH member organizations are located across the state of Utah, operate at twenty-four service sites, and serve over 84,000 individuals each year.

As an attendee at the CHCWG Community Meeting in Salt Lake City, I would like to comment that the process and design of the meeting was well thought out, ensured the inclusion of all present, and the rapid feedback through the automated voting system was effective. In providing comment on the Interim Recommendations, I will attempt to corroborate final recommendations with information about the Utah health care environment.

### **Recommendation I – Guarantee financial protection against very high health costs.**

The impact of high health costs on access to health care continues to be evident in Utah. In recent Utah Department of Health data releases, 12.9% of all Utahns over age 18 reported that cost was a barrier to health care. This percentage is even greater in the younger population (18.0%), the lower income populations (33.9% for those living under \$15,000/year), and the uninsured population (36.2%). The establishment of national program to limit the impact of high costs on access to health care would certainly improve Utahns access to health care.

### **Recommendation II – Support integrated community health networks.**

Expansion of care coordination and community health care networks is an essential aspect of qualitative reform of the health care system in Utah. Although universal coverage and other

insurance reform proposals will have an impact, there will always be those who “fall through the cracks” due to geography, cultural differences, and poverty. A coordinated system of assessment of the structure, capacity, and financial stability of the health care safety net is important to identify the locations and populations that may continue to experience barriers to health care even after significant health insurance reforms are enacted. AUCH, in collaboration with the Utah Department of Health, has begun an assessment process to identify and determine the capacity of the health care safety net in Utah. An integrated system of care coordination could improve the difficulties that individuals face when trying to navigate the complicated system of specialty care, labs, and hospital services. In Utah, health access agencies work tirelessly to coordinate specialty care services for patients, but the capacity of these agencies only provides resources for patients living in the urban areas of Utah. In rural areas of the state, patients have to rely on their primary care provider having acquaintances that could be approached with a request for specialty charity care. Local expansion of the health care infrastructure in Utah could serve to limit the burdens felt by residents who may need to travel as far as fifty miles to reach a medical provider that uses sliding fee payment scales.

**Our primary area of concern within this recommendation**, as iterated by other community health center associations and groups, regards the modification of the FQHC concept to accommodate other types of practices. The cornerstones of the FQHC model are that they must be located in or serve a high need community, they must provide comprehensive primary care services as well as supportive services such as translation and transportation services that promote access to health care, that their services must be available to all residents of their service areas, with fees adjusted upon patients’ ability to pay, that they must be governed by a community board with a majority of members health center patients, and that they must meet other performance and accountability requirements regarding their administrative, clinical, and financial operations. **It is these most essential elements that have ensured the continuing success of the FQHC program, and any alteration of these requirements will result in increased fragmentation within this system.** AUCH supports the efforts of the CHCWG to remedy the current state of the health care system, but it should not be at the expense of one of the most successful federal programs to date. AUCH supports any efforts that expand access to health care in Utah, but our position is that the Federal government and primary care associations should work together to increase the capacity and comprehensive nature of existing health care safety net providers through targeted technical assistance. This technical assistance would assist potential FQHCs with programmatic and process development to bring them up to the level of comprehensive services as defined above. Expansion of the FQHC Look-Alike Program could be used as an interim step for community agencies that seek to gain the benefits of FQHC status.

### **Recommendation III – Promote efforts to improve quality of care and efficiency.**

Existing models for quality improvement, health education, and electronic medical systems have become a priority for the community health center system, and all health centers in Utah are moving toward optimization of these models. AUCH supports continued advancement and refinement of models that improve the effectiveness and quality of health care services.

#### **Recommendation IV – Restructure end-of life services.**

AUCH supports efforts that ensure careful consideration of the trade-offs between heroic measures taken to extend life for the dying and improving the quality of these individuals' final days.

#### **Recommendation V – It should be public policy that all Americans have affordable health care.**

As described in the discussion in the previous recommendations, AUCH supports expansion of access to a core set of health services, with the provision of financial assistance for those who cannot buy-in to the developing system. This public policy must take in to account that even if every American was covered by health insurance, barriers to care would still exist. These barriers may be cultural, geographic, linguistic, or related to health care workforce shortages. Therefore the continued strengthening of community-based providers such as FQHCs must be considered an essential component of policies that seek to ensure access to affordable health care.

#### **Recommendation VI – Define a ‘core’ benefit package for all Americans.**

AUCH supports the concept that a core benefit package that includes medical, dental, and mental health, access to pharmacy services, and an emphasis on preventive and wellness services should be considered as high priority for health coverage reform. The set of core benefits that would be provided could be modeled after the service requirements of the FQHC program. The design of the FQHC program includes medical, dental, mental health, case management, and other services that ensure support for all the primary care needs of an individual patient. By increasing support for a preventive model of care, much of the morbidity and mortality that results from untreated disease states and lifestyle choices, and the high costs associated with treatment for these conditions, could be ameliorated.

We recognize the difficult task that lays ahead for the Health Care Working Group, appreciate the opportunity to submit comments, and look forward to working with agencies on a local, state, and federal level to ensure access to health care for all Americans.

Sincerely,

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